

Prenatal Care

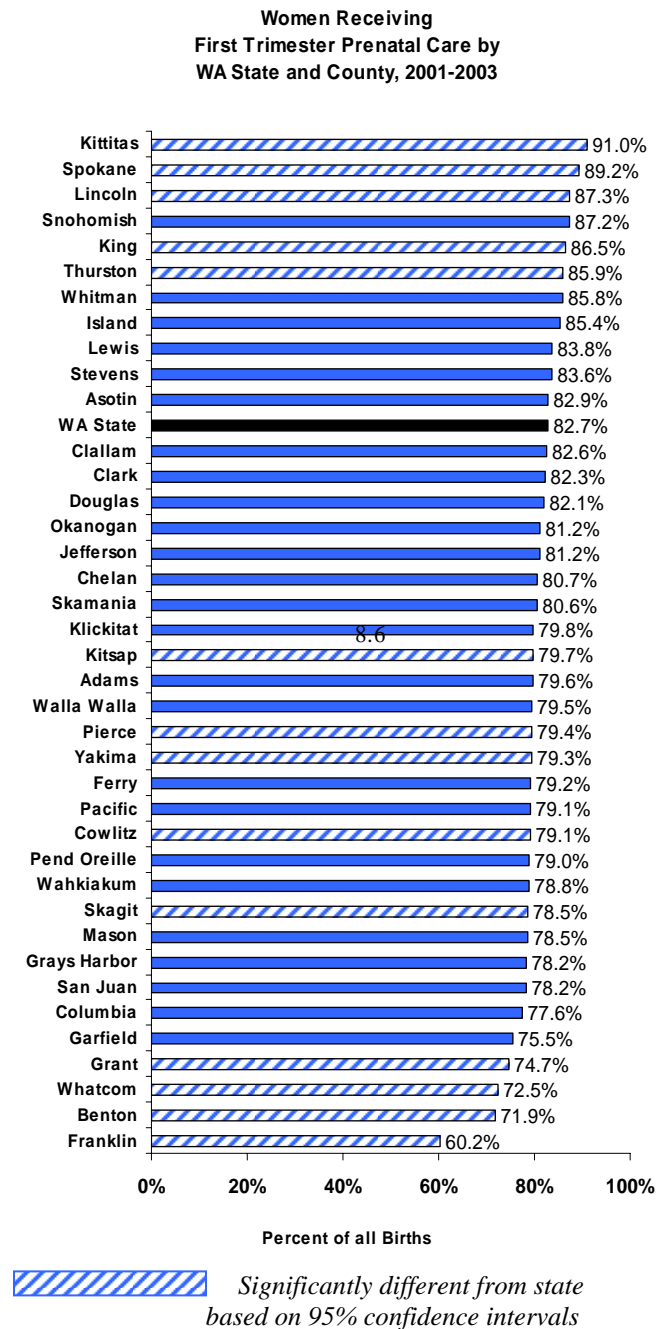
Publicly funded services to address Prenatal Care are described in First Steps and Healthy Mothers, Healthy Babies.

Key Findings:

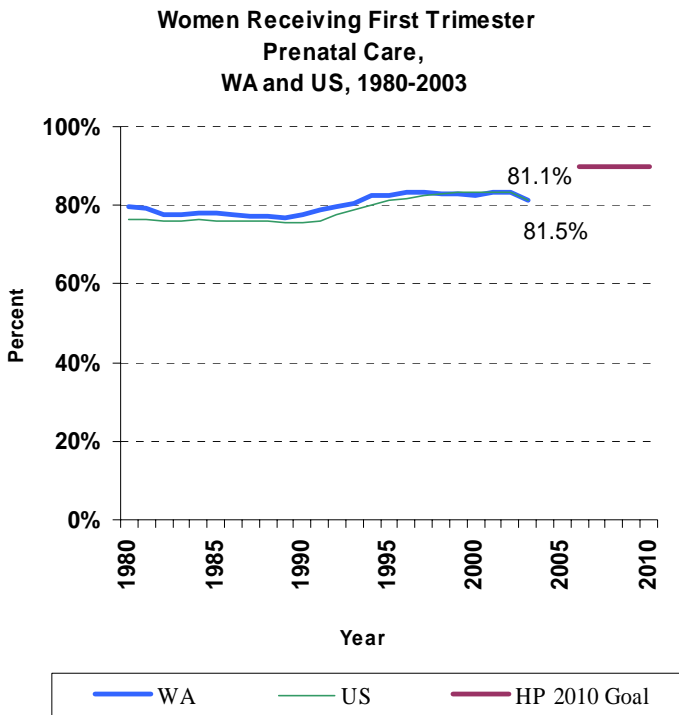
- Early and continuous prenatal care is considered the best strategy for improving the long-term health of the mother and preventing adverse birth outcomes.
- The large proportion of birth certificates with missing data on prenatal care initiation continues to be a reporting issue, even more so in 2003 with the transition to a new birth certificate. In 2003, month of onset of prenatal care was missing for 19.4% of live births, inhibiting our ability to accurately assess recent trends in access to prenatal care.¹
- In 2003, an estimated 81.6% of Washington State pregnant women entered prenatal care during the first trimester (first three months) of pregnancy, compared to the national figure of 84.1%.^{1,2}
- In 2001-2003, the women who were significantly more likely to begin prenatal care services in the first trimester were women over age 19, White women, Asian women, Non-Hispanic women, and Non-Medicaid women.^{1,2,4}
- Washington is not yet meeting the Healthy People 2010 goal to increase the percentage of all pregnant women who receive prenatal care in the first trimester to 90%.³

Definition: Prenatal care is comprehensive medical care provided for the mother and fetus. Services include screening and treatment for medical conditions, and identification and interventions for behavioral risk factors associated with poor birth outcomes. First trimester is the first three months of pregnancy. These data include only women with a live birth.

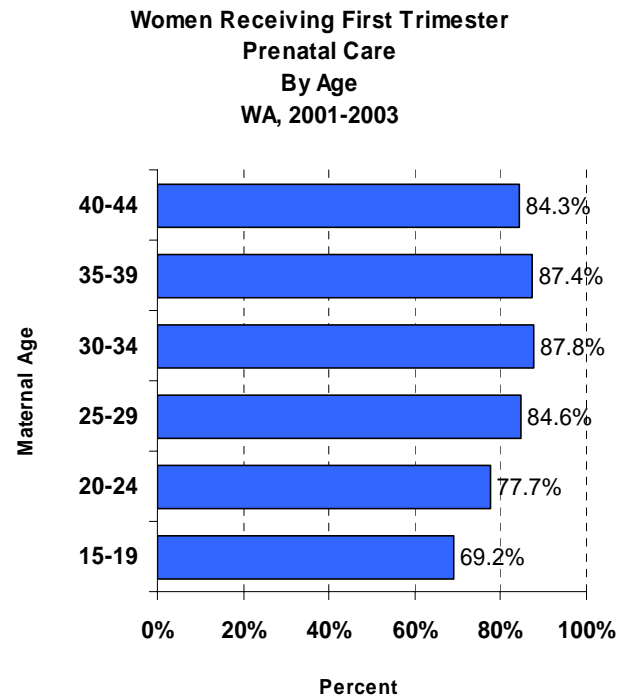
County^{1,a}



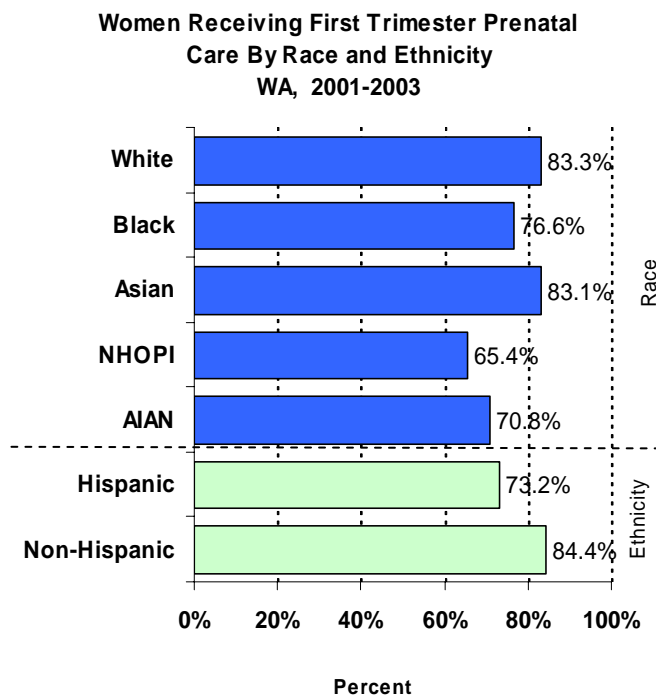
Time Trend ^{1,2}



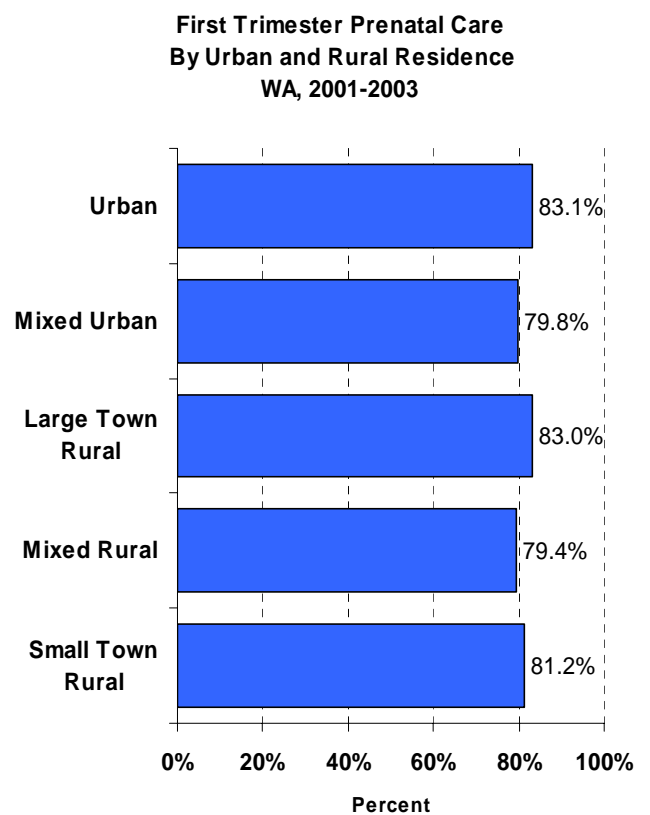
Maternal Age ¹



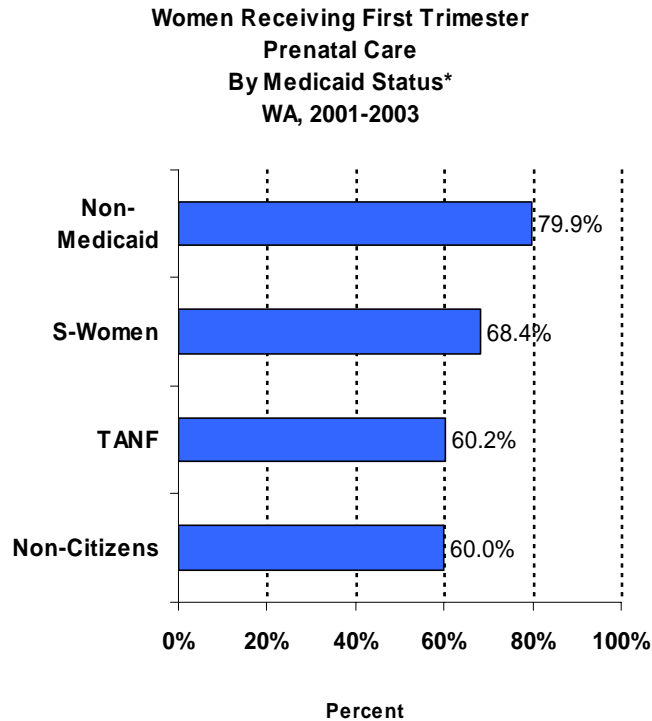
Race and Ethnicity ^{1,b,c}



Rural and Urban Residence ^{5,d}



Medicaid Status⁴



* Medicaid women received maternity care paid for by Medicaid. They are divided into three major subgroups (from highest to lowest socioeconomic status): **S-Women** - those women who are citizens and eligible to receive Medicaid because they are pregnant and have incomes at or below 185% FPL, **TANF** - those women who are very low income (generally < 50% FPL) and receive cash assistance (TANF) in addition to Medicaid, and **Non-Citizens** - those women who are not citizens and are eligible to receive Medicaid because they are pregnant and have incomes at or below 185% FPL. Non-citizens are not eligible for TANF although their incomes are often lower than women on TANF. All three Medicaid groups have incomes below most Non-Medicaid women.

Data Sources

1. Washington State birth certificate data: Vital Statistics 2003, Washington State Department of Health, Center for Health Statistics, March 2005.
2. Martin JA, Hamilton RE, Sutton PD, et al. Births : Final Data for 2003 : National Vital Statistics reports ; Vol 54 No. 2, Hyattsville, MD: National Center for Health Statistics, 2005.
3. Department of Health and Human Services (US). Healthy People 2010: Understanding and Improving health. 2nd edition. Washington, DC: US Government Printing Office; November 2000.
4. Cawthon, L. Characteristics of Women Who Gave Birth in Washington State, Washington State Department of Social and Health Services, First Steps Database, 2/23/05
5. Washington State Department of Health, Office of Community and Rural Health, November 2005.

Endnotes

- a. Significance was determined based on 95% Confidence Intervals
- b. AIAN – American Indian/Alaska Native
- c. NHOPI – Native Hawaiian Other Pacific Islander
- d. Rural urban differences are based on county level RUCA codes calculated using 2000 census data (see Technical Notes for description of RUCA codes)